



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800001

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KOB INC.

DOING BUSINESS AS HORSE N'CARRIAGE REST.

ADDRESS 210 DEDHAM ST.

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: O'BOY, KEVIN M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BLDG. WITH A RESTAURANT ON THE FIRST FLOOR; KITCHEN, OFFICES AND STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800002

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUIDO'S RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 218 DEDHAM ST.

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: GUARINO,  
JOSEPH J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. CONSISTING OF KITCHEN AREA, DINING AREA CONTAINING APPROX. 4000 SQ. FT. AND BASEMENT STORAGE. SMALL LOUNGE AREA CONSISTING OF ELEVEN BAR STOOLS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800003

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAGLE BROOK MANAGEMENT CORP.

DOING BUSINESS AS EAGLE BROOK SALOON

ADDRESS 258 DEDHAM ST.

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: HORNE, CHARLES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH A BAR ON THE MAIN FLOOR AND A SECOND BAR ON THE BALCONY LEVEL. SERVICE ON A 50 X 8 PORCH ON THE SECOND FLOOR FRONT OF THE BLDG. BASEMENT STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800005

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LESVOS, INC

DOING BUSINESS AS PROVO DISCOUNT LIQUORS

ADDRESS 282 DEDHAM ST

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: FORMATO,  
BRUNO

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AN AREA CONTAINING 5000 SQ. FT., FRONT PART OF BLDG. AS SHOWN ON A PLAN FILED  
WITH THE BOARD OF APPEALS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800007

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Sarthi Convenience, Inc

DOING BUSINESS AS Norfolk Food Mart

ADDRESS 10 ROCKWOOD RD

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: Vyas, Kaushal

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800011

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHUBHAM VARIETY INC.

DOING BUSINESS AS LINDA'S VARIETY STORE

ADDRESS 158 MAIN ST

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: PATEL, PRAVIN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2160 SQ FT OF RETAIL SPACE ON FIRST FLOOR

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800012

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORFOLK FINE WINE & SPIRITS, INC.

DOING BUSINESS A

ADDRESS 206 DEDHAM STREET

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: SWAMY,NARAIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 1500 SQ FT, UNITS A AND B TWO ENTRANCES, TWO EXITS- ONE EMERGENCY ONLY.

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DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800013

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FORE KICKS LP

DOING BUSINESS AS

ADDRESS 10 PINE ST.

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: TEAGER, TOM

TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 081800015

CITY OR TOWN NORFOLK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETER S CHIPMAN

DOING BUSINESS A CAFÉ PESTO

ADDRESS 220 MAIN STREET

CITY/TOWN: NORFOLK

STATE: MA

ZIP CODE: 02056

MANAGER: CHIPMAN,PETER TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2400 SQ FT RESTAURANT,CUSTOMER AREA 1200 SQ FT.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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